U.S. Department of Lebor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and fludget No. 1215-0188 Expires 11-30-2008

This report is mandatory under P.E. 86-257, as amended, Fallure to comply may result in climinal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

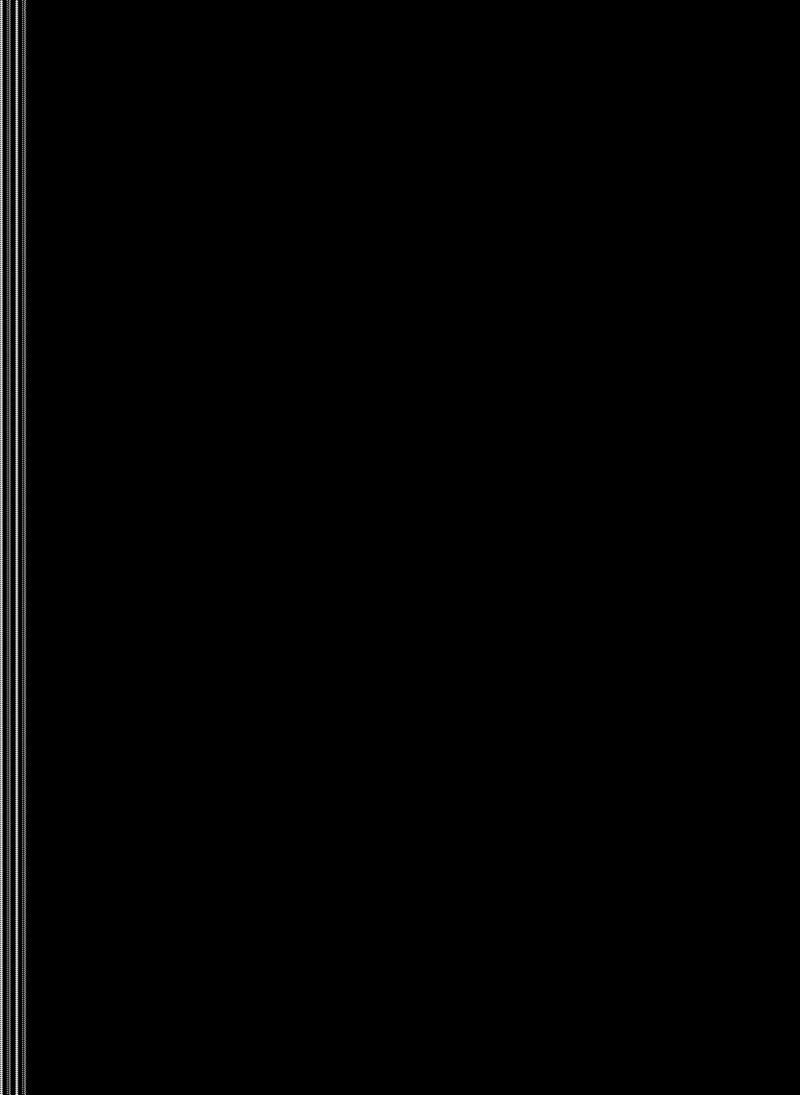
1, File Number U - 7///		2. Fiscal	Year Covered From:		
1, File Number U - 2669					
•••			ļ	1/1/	2004 Through: 12 / 31 / 2004
3. Nam	e and address of person	filing.	4. Name	s, file number, and ad	idress of labor organization.
Name	Timothy	J Doerr	Name	Plumbers and	Fipe Fitters U.A. Local 501
			Labor	Organization File Nu	mber 540-949
P.O. 8	lox, 196g., Room No., If a	ary :	P.O. Box, Building and Room Number, if any		
Street	219 Parkside L	n. ;	Street	1295 Butterf	ield Rd.
AIL.	(1		City	r	
City	Oswego		City	Aurora	
3tate	Illinois	ZIP Code + 4 60543 - 8210	State	Illinois	ZIP Code • 4 60502-889
Positi	nodaziregre rodał ni reci	Bueiness Agent			
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Name Name P.O. 8 Street City State	is an interest in, engage my value from an empty value from an empty e and address of Employ Name, if any: Box, Sidg., Room No., if a	(except as specified in the except of in transactions (including loans) with, or sloyer whose employees your organization (including trade name, if any). 23P Code + 4 Signon, The undersigned declares, under penalty of the information contained in any accompany.	derived in the second s	forth in the instruction accome or other economic or other economic or is actively use of interest, Transcount.	nomic benefit of seeking to represent. action, or income. \$0 anulies of the law, that all of the information mined by the signatory and is, to the best of the
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1	Name of Person Filing Timothy Doerr	File Number U
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Part 8 Continuation Page

S. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:
8. Name and address of Business (including trade name, if any).	0. DESPRESS USED WORL
Name No. Ill. Education Fund/Joint Education Fund	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	to. Truet
Sweet 1295 Butterfield Rd.	c. Employer
City Aurora	
State Illingia ZIP Code + 4 60502-8879	
10. If 9.b. or 9.c. is checked give trust or employers name,	11.a. Nature of such dealing.
Name	Provides the training programs for Local 501 Plumbers and Pipe Fitters.
Trade Nema, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Reimbursement for Hotel Room 8/11/2004 - 8/12/2004.
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7	I constitution to the constitution of the cons
volune or	
	12.b. Amount. \$204
<u> </u>	1



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Name of Person Filing Timothy Doese:	File Number U-
<u> </u>	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (f) a substantial part of which consists of buying from solling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

5. Name and address of Business (including trade name, if any). Name No. Ill. Eduction Fund/Joint Education Fund Trade Name, if any: P.O. Box, Bkdg., Room No., if any Sheet 1295 Butterfield Rd. Chy Aurora State Illinois ZIP Code + 4 60502-8879	9. Business deals with: X a. Labor Organization b. Trust c. Employer
	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box. Bkdg., Room No., If any Street	Provide training programs for Local 501 Plumbers and Pipe Fitters.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of Interest held or income received. Apprentice Graduation Dinner.
	12.b. Amount. \$40

To: U.S. Department of Labor

This represents my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. These are my only LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.

Signed: Imally I bow Dated: 8/8/05

Print Name: Imothy J Doese